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Notice of Independent Review Decision

July 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left shoulder arthroscopy, glenohumeral debridement and biceps tenodesis (29822, 23430).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
Dr.

- Diagnostic (12/23/11)
- Office visits (04/23/12)
- Office visits (12/12/11 – 04/23/12)
- Utilization reviews (05/03/12 – 05/17/12)

TDI

- Utilization reviews (05/03/12 – 05/17/12)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who on xx/xx/xx, was attempting to tighten a drive shaft when his arms slipped and the arm extended out of the left shoulder.

On December 12, 2011, M.D., evaluated the patient for left shoulder complaints. Dr. noted that the patient continued to work for two days after the injury and then

went to his primary care physician (PCP) who referred him to an orthopedic surgeon. The report is incomplete.

On December 23, 2011, the patient underwent magnetic resonance imaging (MRI) of the left shoulder which was unremarkable.

D.O., evaluated the patient for left upper arm numbness and occasional sharp, stabbing pain. Examination revealed decreased active range of motion (ROM) of the left shoulder and decreased ROM of the cervical spine. Dr. reviewed the MRI and diagnosed shoulder pain. He recommended no use of the left shoulder and referred the patient to an orthopedic surgeon.

On February 10, 2012, Dr. noted no improvement. The patient was utilizing over-the-counter (OTC) medications. Examination of the left shoulder revealed decreased active ROM. He assessed shoulder pain and recommended evaluation by an orthopedic surgeon.

From February through March, the patient underwent physical therapy (PT) evaluation and underwent three sessions of PT.

On February 20, 2012, M.D., an orthopedic surgeon, evaluated the patient for left shoulder complaints. The patient reported occasional pain and numbness in the lateral shoulder. it was noted that the patient had injured his shoulder when he slipped while using a cheater bar on a wrench and he fell forward into the piece of equipment that he was working on. His arm was adducted across his body and he hit onto the left arm. Examination revealed positive Jobe's, Hawkins, Neer's, O'Brien's and Gilchrist sign, anterolateral tenderness and small area of numbness. Dr. obtained x-rays which were unremarkable. He diagnosed left shoulder contusion, symptoms consistent with bicipital tendinitis and rotator cuff strain. He prescribed anti-inflammatories and Naprosyn. On March 5, 2012, Dr. administered triamcinolone injection to the bicipital groove. He recommended working on active ROM and stretching.

On March 26, 2012, the patient reported 75% improvement with injection for the first two weeks but the pain returned. He reported a blocking type sensation while trying to adduct across the chest. He also reported sensation of popping in and out and jumping over a bone in the anterior part of the shoulder. Examination revealed excellent ROM except for cross-chest adduction and positive Gilchrist's and Speed's test. Dr. reviewed the MRI and recommended surgery.

On April 23, 2012, the patient reported sharp and severe shoulder pain worse with activities and worsening of symptoms when reaching overhead, reaching behind the back, lying on the shoulder and light lifting. The symptoms were associated with swelling, stiffness and upper extremity pain. History was positive for hypertension. Examination revealed inability to adduct across chest beyond neutral, positive Speed, Yergason, O'Brien and Gilchrist palm up tests and popping related with biceps subluxation. Dr. diagnosed left biceps tendon

subluxation and recommended left shoulder arthroscopy, glenohumeral debridement and biceps tenodesis.

Per utilization review dated May 3, 2012, the request for left shoulder arthroscopy, glenohumeral debridement and biceps tenodesis was denied with the following rationale: *"At this time, the objective physical examination findings as well as the MRI findings do not meet the treatment guidelines to proceed with the biceps tendon tenodesis. This particular procedure is not recommended as a standalone procedure. Additionally, the claimant does not have any significant MRI findings of any abnormality of the biceps tendon or inflammation to support the treating provider's request."*

Per reconsideration review dated May 17, 2012, the appeal for left shoulder arthroscopy, glenohumeral debridement and biceps tenodesis was denied with the following rationale: *"The request for appeal left shoulder arthroscopy, glenohumeral debridement and biceps tenodesis is non-certified. The documentation submitted for review indicates the patient had two weeks of 75% from an injection to the bicipital groove. The patient is suspected to have biceps tendon subluxation. The MRI study submitted for review was read as unremarkable. There is a lack of diagnostic evidence to support surgical intervention at this time. Given the above, the request is non-certified."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Arthroscopic joint debridement and biceps tenodesis is not indicated and appropriate. There has been an injection with transient improvement. It is unclear what nonoperative care has also been undertaken. There is documentation of range of motion and stretching being recommended. It is unclear if this is regarding formal physical therapy.

The MRI did not demonstrate any tearing in the rotator cuff or labrum. It is unclear what is being treated and how the conclusion of biceps tendon subluxation was being made.

In light of the information available for review, nonoperative care may be of benefit in treatment of this claimant. However, at the present time, surgery is not indicated.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**